



Black and Minority Ethnic
Women's Network

**Black and Minority Ethnic Women's Network
SUBMISSION**

**Consultation on 'Leaving Prostitution: A Strategy
for Help and Support'**

**DHSSPS
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Introduction

- 1.1 The Black and Minority Ethnic Women's Network (BMEWN) is a women-led organisation that advocates for change on issues affecting black and minority ethnic (BME) women in Northern Ireland (NI). The aim of the network is to develop the capacity of ethnic minority women so that they can support and assist their communities in accessing services, furthering their human rights and developing sustainable community-based leadership.
- 1.2 The issue of prostitution is of particular relevance to BME women living in NI, with research suggesting that the majority of sex workers in NI are female and nearly half are non-UK or Irish nationals.¹ It is important that the particular needs of this significant proportion of persons involved in sex work are met in any strategy for assisting individuals to leave prostitution.
- 1.3 Consequently, the BMEWN welcomes the opportunity to consult on the Strategy for those wishing to leave prostitution and comment on the strengths and weaknesses of its current proposals, particularly regarding service provision.

Q1. Do you agree with the scope of the Strategy?

- 2.1 A significant shortcoming in the scope of the Strategy concerns its proposal to exclude victims of trafficking. Trafficking and prostitution are intimately linked in the context of female victims - the significant majority (61%) of those trafficked into the UK in 2014 were women or girls, with over half of these persons being trafficked for the purpose of sexual exploitation.²
- 2.2 Consequently, it is disappointing to see that the consultation document proposes to exclude victims of trafficking, on the basis that provision is already made for these victims under the National Referral Mechanism (NRM).
- 2.3 Contrary to the consultation document's assumption that the NRM constitutes adequate provision, there are a number of drawbacks in the NRM's approach that may limit its usefulness for victims of trafficking, particularly female victims.
- 2.4 Any services offered by the NRM rely on victims approaching this mechanism in the first place. However, a fear of reprisals or re-trafficking by traffickers, or of deportation or punishment by authorities makes the mechanism unapproachable for many.^{3 4}

¹ Huschke, S. et al, 'Research into Prostitution in Northern Ireland' (2014), pp.35 and 44

² National Crime Agency, 'National Referral Mechanism – End of Year Summary 2014' (2015), p.2

³ Home Office, 'Review of the National Referral Mechanism for Victims of Human Trafficking' (2014) p.20

⁴ Home Office, 'Victims of Modern Slavery – Frontline Staff Guidance' (2015) p.18

- 2.5 Evidence suggests that the NRM fails to protect trafficking victims from reprisals and re-trafficking, particularly female victims of sexual exploitation. For example, in one case, a woman was deported from the UK to her home village wearing the same clothes she had worn while being forced to work as a prostitute. This identified her as a prostitute to the villagers and the consequent isolation she faced resulted in her returning to the UK to work in prostitution.⁵
- 2.6 In another case, a woman was left to be threatened and harassed by her traffickers in her country of origin, which resulted in her returning to the UK to work for them in order to preserve her safety.⁶
- 2.7 A further obstacle to approaching the NRM is the close relationship between the Home Office and the NRM, with evidence of trafficking and asylum decisions being wrongfully conflated lending credence to fears of deportation. There have been instances of authorities accepting that women have been sexually and violently abused, but refusing to recognise them as victims of trafficking nonetheless.^{7 8}
- 2.8 Consequently, it is evident that the NRM does not operate to assist women to exit prostitution. The mechanism has established itself as unapproachable for those who fear deportation (which is the most likely outcome for women who engage with the NRM⁹) and even where women are identified as having been trafficked, the lack of protection from reprisals and re-trafficking makes any long-term exit from prostitution unlikely.
- 2.9 Thus, an alternative service that trafficked women could approach, without fear of interacting with Home Office officials or being coerced into cooperating with investigations against their traffickers (a requirement of the NRM if the victim wishes to seek leave to remain, but which also places victims at greater risk of reprisals¹⁰) could be extremely useful in helping these victims exit prostitution.
- 2.10 The BMEWN recommends that the scope of the finalised Strategy include victims of trafficking.**

⁵ Dresdner, L. and Peterson, L.S., *(Re)Interpretations: The Shapes of Justice in Women's Experience* (2009, Cambridge Scholars Publishing), p.286

⁶ *ibid*

⁷ Cherti, M. et al, 'The UK's Response to Human Trafficking: Fit for Purpose?' (2012), p.14

⁸ Stepnitz, A., 'A Lie More Disastrous Than the Truth: Asylum and the Identification of Trafficked Women in the UK' (2012) 1 *Anti-trafficking Review* 104, 111-112 and 115-117

⁹ *op cit* n 5

¹⁰ House of Commons Home Affairs Committee, 'The Trade in Human Beings: Human Trafficking in the UK – Sixth Report of Session 2008-09, Volume II' (2009), p.171

Q2. Do you agree with the main barriers to exiting prostitution?

- 3.1 While the Strategy acknowledges some additional barriers that may face BME groups and refugees, there are further barriers faced by BME women that should be acknowledged within the Strategy.
- 3.2 For example, while the consultation document raises the barrier of coercion in the context of domestic abuse, it does not note the exceptional hardship faced by some BME women in such situations.
- 3.3 Domestic abuse is an issue that particularly affects BME women in NI; in 2014/15, 70% of domestic abuse victims were women and 6% of victims had an ethnic minority background - a significant overrepresentation of BME groups when considering their population share.^{11 12}
- 3.4 As well as being prevalent, Domestic violence and abuse is also an issue that affects BME women in particular ways, which may make them more vulnerable. For example, some migrant women in NI have No Recourse to Public Funds (NRPF) as a stipulation of their visa. Consequently, they are unable to access public funds of any kind.¹³
- 3.5 As a result of this, these women have no access to shelters for victims of domestic violence, which leaves them particularly dependent on their abusers in order to avoid destitution.¹⁴ In turn, if such a person becomes involved in prostitution, the barrier to exiting their situation is higher.
- 3.6 The consultation document further notes the barrier presented by financial hardship, which is a factor that also disproportionately impacts upon BME women, due to high unemployment rates and difficulties in accessing social security.
- 3.7 Regarding employment, research has indicated that up to 45% of BME women are not employed, with unemployment amongst women from some ethnic groups ranging as high as 90%.¹⁵
- 3.8 This high rate of unemployment has been linked with various factors, such as language difficulties, discrimination and caring responsibilities.¹⁶ However, a particular factor is the lack of recognition given to overseas qualifications.

¹¹ Police Service of Northern Ireland, 'Trends in Domestic Abuse Incidents and Crimes Recorded by the Police in Northern Ireland 2004/05 to 2014/15' (2015), pp. 27 and 28

¹² Northern Ireland Statistics and Research Agency, 'Census 2011: Key Statistics for Northern Ireland' (2012), p.3

¹³ See: <https://www.gov.uk/government/publications/public-funds--2/public-funds>

¹⁴ McWilliams, M. and Yarnell, P., 'The Protection and Rights of Black and Minority Ethnic Women Experiencing Domestic Violence in Northern Ireland' (2013), p.20

¹⁵ Isal, S., 'The Experiences of Ethnic Minority Women in Northern Ireland' (2013), pp.18-19

¹⁶ *ibid*, p.19

- 3.981% of BME women who identified themselves as unemployed had qualifications gained overseas, as compared to only 27% having pursued education in the UK.¹⁷
- 3.10 This illustrates that financial and educative barriers are intimately linked for BME women, through the unique barrier of recognition of qualifications.
- 3.11 Lack of access to social security also increases the likelihood that BME women will face financial difficulties. Research has evidenced a low uptake of jobseekers allowance amongst BME women (15% of those who identified themselves as unemployed) and expressed concern that this leaves these women financially dependent upon their partners.¹⁸
- 3.12 Women have highlighted the bureaucracy of the system and a lack of support for those attempting to navigate it as factors that contribute to difficulty in obtaining social security.¹⁹
- 3.13 These difficulties are compounded by new regulations, which require EEA citizens to live in the UK for 3 months before being able to access jobseeker's allowance and place restrictions on EEA citizens who have lived in the UK for less than a year and have become involuntarily unemployed.²⁰
- 3.14 Furthermore, it should be noted that some women may not have any access to social security at all, as a consequence of having NRPF as a condition on their visa. This, in turn, leaves them financially dependent and more vulnerable to exploitation, accentuating the effect of any financial barrier.²¹
- 3.15 Consequently, it is evident that a number of barriers have the potential to particularly affect BME women due to the unique interrelation of different factors, such as NRPF, domestic violence, recognition of qualifications and unemployment.
- 3.16 The BMEWN recommends that finalised Strategy recognise those factors that make barriers particularly difficult for some BME women to overcome.**

¹⁷ *ibid*

¹⁸ *ibid* p.21

¹⁹ *ibid* p.22

²⁰ Regulation 2 of the Jobseeker's Allowance (Habitual Residence) (Amendment) Regulations (Northern Ireland) 2013 and Paragraph 3 of Schedule 1 of the Immigration (European Economic Area) (Amendment) (No.2) Regulations 2013

²¹ *op cit* n 14

Q3. Do you agree that the key existing services available for those wanting to exit prostitution have been identified?

4.1 While the BMEWN feels that key existing services have been identified, there are a number of shortcomings in service provision that are elaborated upon below which should be addressed in order to make the Strategy effective at helping BME women involved in prostitution to exit this situation.

Q4. Do you agree with the proposal to deliver the Programme of Assistance and Support (PAS) as described?

5.1 The consultation document's proposal to deliver PAS simply by signposting to extant services would seriously qualify the effectiveness of the Strategy, due to the range of shortcomings in current service provision and in the accessibility of current services for BME women living in NI.

Shortcomings in service provision

5.2 As noted in the consultation document, individuals who are involved in prostitution may require healthcare, including mental healthcare. However, there is evidence that current service provision is inadequate in terms of provision for BME users.

5.3 There is a lack of culturally sensitive healthcare provision in NI, with few bilingual mental health practitioners and a lack of appropriate provision in terms of foodstuffs, religious observances and spiritual/religious care for non-Christian faiths in hospitals.²²

5.4 Additionally, the DHSSPS has acknowledged that BME women face difficulties in accessing maternity services.²³ Indeed, the Department has highlighted 'robust evidence' that BME women experience poorer pregnancy outcomes than their majority peers.²⁴

5.5 As stated in the consultation document, financial issues also present a barrier to exit, which social security could contribute to resolving. However, research suggests that BME individuals face discrimination and unequal access to benefits in NI.²⁵

²² Department of Health, Social Services and Public Safety, 'Draft Equality Action Plan for the Department of Health, Social Services and Public Safety' (2011), p.36

²³ Department of Health, Social Services and Public Safety, 'Equality Action Plan for the Department of Health, Social Services and Public Safety' (2012), p.15

²⁴ Department of Health, Social Services and Public Safety, 'A Strategy for Maternity Care in Northern Ireland 2012-2018' (2012), p.40

²⁵ Migrant Centre NI, 'The Welfare System and Black and Minority Ethnic Communities in Northern Ireland' (2014), p.1

5.6 Migrant Centre NI statistics in 2013/14 illustrated that the percentage of positive decisions returned in appeals was three times higher for BME individuals than for the general population, suggesting that BME claimants face a higher rate of unjust refusals at first instance.²⁶

5.7 This research has also linked poor access to social security amongst BME claimants with a lack of independent advice services, bilingual advisors and interpreting services in NI.²⁷

5.8 Ultimately, it is clear that a range of services that the PAS intends to rely upon require further adaptations in order to ensure that they are appropriate for any BME women who may need assistance to leave prostitution.

Accessibility of services

5.9 The consultation document highlights extant domestic violence services and social security as services that will need to be utilised in order to assist individuals in leaving prostitution.

5.10 However, these services are inaccessible for individuals who do not have recourse to public funds.²⁸ This includes refuge services for women who are experiencing domestic violence and, combined with the ineligibility for state assistance, leaves them dependent upon their abuser to avoid destitution.²⁹

5.11 It is also stated within the consultation document that PAS will rely on signposting to extant health services. However, access to these services is impeded for those who are not determined to be ordinarily resident and do not fall within one of the excepted categories under the Provision of Health Services to Persons not Ordinarily Resident Regulations (Northern Ireland) 2015.

5.12 Considering the significant proportion of non-UK or Irish nationals involved in prostitution in NI, it would seem important to ensure that access to services is facilitated for those who may face restrictions as a consequence of immigration constraints.

5.13 Finally, it should be noted that the language barrier continues to impede access to healthcare and social security.³⁰ Regarding healthcare, the DHSSPS has noted issues such as a lack of awareness of available translation services amongst BME individuals in NI and the lack of face to face information that can be provided to BME persons seeking maternity services.³¹

²⁶ ibid pp.4-5

²⁷ ibid pp.6-7

²⁸ See: <https://www.gov.uk/government/publications/public-funds--2/public-funds>

²⁹ op cit n 14

³⁰ Gibbs, J., 'Financial Inclusion Amongst New Migrants in Northern Ireland' (2010), p.4

³¹ op cit n 24 p.35

5.14 Concerning social security, the lack of provision for bilingual advice services for assisting potential claimants means that those with poor English language skills may find themselves unable to gain the assistance they need in order to make a claim.³²

5.15 Evidently, accessibility of services is an issue that must be addressed in order to make the PAS fit for purpose in terms of assisting BME women involved in prostitution who wish to leave.

5.16 The BMEWN recommends that the Governance Group review the adequacy and accessibility of identified key services for BME women living in NI who may wish to leave prostitution. Recommendations should be made for service improvement that Departments may then take forward.

Q5. Are the proposals on future governance for the Strategy and the PAS appropriate?

6.1 It is notable that the consultation document's proposals regarding governance arrangements do not secure a definite place for relevant community and voluntary organisations on task and finish groups.

6.2 Community and voluntary organisations have a unique knowledge of and relationship with the communities that they represent, which makes them a useful source of information on what actions should be taken to address the needs of these communities.³³

6.3 The BMEWN recommends that the Strategy guarantee representation from relevant community and voluntary organisations on task and finish groups.

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³² op cit n 25 p.5

³³ Macmillan, R., 'The Third Sector Delivering Public Services: An Evidence Review' (2010), p.13